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Substitute for form 1449A/PTO

## INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(Use as many sheets as necessary)

Sheet	1	of	1
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**Complete if Known**

<b>Application Number</b>	10/510,605
<b>Filing Date</b>	April 2, 2003
<b>First Named Inventor</b>	David Johnson LYNCH
<b>Art Unit</b>	2623
<b>Examiner Name</b>	Mushfikh ALAM
<b>Attorney Docket Number</b>	PUO20102

## U.S. PATENT DOCUMENTS

[illegible]

## FOREIGN PATENT DOCUMENTS

[illegible]

Examiner Signature		Date Considered	
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\* EXAMINER: Initial reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. \* Applicant's unique citation designation number (optional). \* See Kinds Codes of USPTO Patent Documents at [www.uspto.gov](http://www.uspto.gov) or MPEP 901.04. \* Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). \* For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. \* Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. \* Applicant is to place a check mark here if English language Translation is attached.

The collection of information is required by 37 CFR 1.97 and 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Substituted for form 1449B/PTO  <h2 style="text-align: center; margin: 0;">INFORMATION DISCLOSURE STATEMENT BY APPLICANT</h2> <p style="text-align: center; margin: 10px 0;"><i>(Use as many sheets as necessary)</i></p>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: right; padding: 5px;"><i>Complete if Known</i></th> </tr> <tr> <td style="width: 30%; padding: 5px;">Application Number</td> <td style="width: 70%;"></td> </tr> <tr> <td style="padding: 5px;">Filing Date</td> <td></td> </tr> <tr> <td style="padding: 5px;">First Named Inventor</td> <td></td> </tr> <tr> <td style="padding: 5px;">Art Unit</td> <td></td> </tr> <tr> <td style="padding: 5px;">Examiner Name</td> <td></td> </tr> <tr> <td style="padding: 5px;">Attorney Docket Number</td> <td></td> </tr> </table>	<i>Complete if Known</i>		Application Number		Filing Date		First Named Inventor		Art Unit		Examiner Name		Attorney Docket Number	
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\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> Applicant is to place a check mark here if English language Translation is attached.

**Applicant's or inventor's current US registration number, if any:** \_\_\_\_\_ **Applicant's or inventor's current foreign registration number, if any:** \_\_\_\_\_  
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